

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			

Kiki Ferrari

Florine Lobo

Ann Ford

Dr. Rardi VanHeest

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. The Ethical Decision Making Framework has been included in the package as a reference.

MOVED, seconded

That the agenda be approved - CARRIED

1.1 CHAIR'S REPORT

Today's session includes three components:

- Final meeting of the current Board cycle;
- Annual General Meeting; and
- First meeting of the new Board cycle.

The 2020/21 Annual Report will be released today. The Board was reminded that this report reflects the Board's accomplishments in working together with the hospital and demonstrates the incredible achievements of the past year. Members were encouraged to read through the report which will be received electronically following completion of today's meeting.

The Board portal has been launched. Members were asked to please contact the Board Office for any issues relating to access.

Given the ongoing planning and preparation requirements related to the accreditation survey, it will be necessary to meet during the summer. Additional information will be provided during the report of the Governance & Human Resources Committee discussion. Meetings will also be scheduled during the summer in order to approve the physician credentials.

The Chair thanked all members for participating in the recent Chair Evaluation Survey. Information garnered from the survey will be used to enhance performance and meeting effectiveness.

2.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. Any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 2.1 Board Minutes: *May 26, 2021*
- CA 2.2 MAC Minutes: *June 9, 2021*
- CA 2.3 Governance & Human Resources Committee Minutes: *June 10, 2021*
- CA 2.4 Health Services & Quality Committee Minutes: *June 2, 2021*
- CA 2.5 Resources & Audit Committee Minutes: *June 9, 2021*

A request was made to remove the motions related to Health Services & Quality and Resources & Audit Committees until the appropriate discussions take place (Items #3.1b and #3.1c).

MOVED, seconded

That the remaining items listed within the Consent Agenda be approved – CARRIED.

3.0 BUSINESS ARISING

3.1a CHAIR'S REPORT: Governance & Human Resources Committee

A report was provided by the Chair of the Governance & Human Resources Committee which summarized the discussions from the June 10, 2021 meeting.

An overview of the timelines associated with accreditation preparations was discussed. The first mock survey has been scheduled on June 29 with a second one to be scheduled in September. An external accreditor has been contacted who will assist the Board with this process.

A Board orientation will be scheduled in August. This session will focus on governing practices and will include a section related to accreditation. An additional time will also be scheduled in October as an "open session" that will be used for any Board member who has additional questions or concerns relating to accreditation and would like to discuss further prior to the survey in October.

The Governing Functioning Tool Survey is now closed. The Board was thanked for their participation. A work plan will be developed based on the findings of the survey. Regular communiques will be shared with the Board on various topics as they relate to accreditation and good governing practices.

The Committee discussed the current Board membership and succession. It was noted that due to the limited term of six years there are some challenges in determining succession of Officer positions and Committee Chairs. During the summer, profile or "hockey cards" will be developed for all members that will identify the interests and goals of each individual and will support the succession planning efforts.

Q: Was there exploration of increasing the term limits?

It was noted that the term for Board appointments used to be 9 years. In 2007, following the appointment of the Supervisor and rework of governing practices, the term was reduced to 6 years.

Q: How does our approach to governance compare to others?

The governance practices continue to evolve. Regular evaluations are conducted with peer hospitals to ensure alignment with other organizations. These reviews are conducted according to the specific issue.

It was noted that the OHA provides various seminars and webinars throughout the year which focus on good governance practices. It was suggested that members take advantage of the opportunity to participate in these sessions which allows for greater conversation and continuance and sharing of best practice.

Congratulations was extended to Jasmine Tehara on her recent appointment to the OHA Board of Directors.

3.1b CHAIR'S REPORT: Health Services & Quality Committee

A report was provided by the Chair of the Health Services & Quality Committee which reflect the discussions from the June 2, 2021 meeting:

- Critical Incident review
- Quality Improvement Plan performance
- Strategic Go Plan overview
- Balanced Scorecard performance year-end and proposed scorecard for 2021/22.

As discussed at the last Board meeting, a new format was trialed for presentations. Materials (including the presentation) were distributed in advance of the meeting. The discussion focused on highlights of the materials and

allowed for greater dialogue and a question/answer period. The Committee provided a very favourable review of the new process.

The proposed 2021/22 balanced scorecard was presented for discussion. An explanation of how the targets were identified was provided. Targets took into consideration historical performance, peer comparisons and the impact of COVID-19. The following is a summary of the proposed targets:

- *How confident do you feel managing your health condition?* A 1% improvement target has been recommended for this metric (67.9%) as the impact of the pandemic continues to be felt.
- *30-day readmission composite of top chronic disease HIGs.* A 1% improvement target has been recommended for this metric (13.1%). It was noted that Osler continues to be an outperformer compared to other peer hospitals.
- *90th percentile Emergency Department LOS for Admitted Patients.* A 5% improvement target has been recommended for this metric (47.5 hrs). Historically, Osler has performed quite high, however, a significant improvement was noted this year largely due from the impact of COVID-19.
- *Total Margin.* A balanced position is recommended for this metric.
- *Current Ratio.* A target will be recommended by the Resources & Audit Committee based on the Long Range Plan.
- *Physician Engagement.* A 3% improvement target has been recommended for this metric (37.0%).
- *Employee Engagement.* A 3% improvement target has been recommended for this metric (60.3%).
- *Hospital Standardized Mortality Rate (HSMR).* A 3% improvement target has been recommended for this metric (95). The Ontario performance rate is (98); Canadian performance is (95). Most hospitals in Ontario have advanced health information systems that allow for more accurate reporting of this data. It was noted that the target and performance reporting time period will be adjusted to reflect a fiscal year to align with the other metrics included on the scorecard.
- *Did you feel staff were genuinely concerned about you? (i.e. empathy)* A 1% improvement target has been recommended for this metric (76.6%). It was noted that the impact of COVID will continue to challenge the achievement of this metric.

During the last Board meeting, the topic of patient experience and community feedback was discussed. A recommendation of how information will flow to the Board will be presented and will commence as part of the new board cycle.

A new VP Digital Transformation has recently been recruiting. Over the next several months, information pertaining to a new HIS system and the preparation required, will be shared. It was noted that an upgraded HIS system will provide some necessary guidance for clinical staff and will enhance the reporting at Osler.

MOVED, Seconded

That the Board of Directors approves the 2021/22 Balanced Scorecard as presented

The motion was deferred until completion of the report of the Resources & Audit Committee.

3.1c CHAIR'S REPORT: Resources & Audit Committee

A report was provided by the Chair of the Resources & Audit Committee which highlighted discussions from the June 9, 2021 meeting.

Highlights of the meeting included:

- Long Range Plan

- Recommendation for approval of a 10-year capital plan;
- Total margin and current ratio.

It was noted that the long range plan (LRP) does not factor in the work currently underway by the Capital Asset Development Working Group. The LRP assumptions considered the following:

- Alignment with Osler's Strategic Plan
- Ethical decision making framework for investments
- 10-year capital and cash flow plan
- Cash flow forecast
- Redevelopment projects self-balanced
- Evolving environment of health care.

Highlights from discussions regarding the 10-year plan included:

- Maximization of operational capital equipment
- Sources of cash, uses of cash, committed dollars and new investments
- Will be monitoring and refreshing annually
- A review of the risks and mitigation strategies
- Continued discussions with the Ministry.

It was noted that Management developed a plan for the use of a one-time working capital grant based on the ethical framework. The plan includes paying off some of the outstanding [REDACTED] which and using the balance to offset current liabilities. In order to measure the financial viability of these assumptions, Osler has used an "adjusted working capital" and an "adjusted current ratio" metric to review the implications to cash flows after removing items related to redevelopment projects

The proposed metrics for 2021/22 include:

- Margin: balanced budget
- Current Ratio: 0.64.

MOVED, Seconded

That the Resources & Audit Committee receive the 10-Year Capital/Cash Flow Plan for information, and recommends approval to the Board of Directors of a capital release of \$25.8M for 2021/22 fiscal year - CARRIED

That the Resources & Audit Committee recommend approval to the Board of Directors of a total margin of \$0 (balanced position) for the 2021/22 Balanced Scorecard target - CARRIED

That the Resources & Audit Committee recommend approval to the Board of Directors of a current ratio adjusted for redevelopment of 0.64 for the 2021/22 balanced scorecard – CARRIED

MOVED, Seconded

That the proposed scorecard for 2021/22 be approved as recommended - CARRIED

4.0 NEW BUSINESS

4.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information.

An update was provided on a recent ransomware attack at Humber River Regional Hospital. It was stated that no confidential patient information was jeopardized, and all systems should be back up by end of day tomorrow. All ambulances were redirected and services cancelled as a result of the attack.

The IT team at Osler is currently meeting with Steve Hall, Osler's new VP, Digital Transformation, to review the cyber security set up. It was noted that the Board has a role to play in the oversight of cybersecurity protocols. Osler has extensive downtime procedures in the event that a similar attack should occur. Continuity planning falls under Emergency Management. A business continuity plan is currently being developed and will be presented to the executive team in the near future. It was noted that Osler has purchased new cybersecurity software within the last 18 months. A presentation on IT cybersecurity will be shared with the full Board in the future. It was noted that one of the community

committee representatives who currently sits on the Resources & Audit Committee is a retired partner from Deloitte who specializes in the area of cybersecurity.

Additional highlights from the CEO's report were discussed and included:

- Pandemic update including volumes and vaccination efforts
- Osler's recovery of service plan
- Human Resources update

Q: Connecting recovery with Osler's HR deficit – how are we able to meet ramp up targets if we are in a deficit position with staff?

A conscientious decision was made to release all redeployed staff back to their home units in an attempt to help manage the recovery. There is significant concern from the surgical team regarding wait lists. It is hopeful that volumes will return to 70-80% of volumes for each program however the pressure of reduced staff is still a major concern. Efforts continue to conduct virtual job fairs to attract new talent. It is the goal to reopen the UCC in mid to late October. A strategy to temporarily close some ICU and medicine beds may be required.

Q: Given recruitment issue is province wide – what is the prognosis on staffing fully or ramping up levels to a sustainable number?

It was noted that Osler will not return to a full staff compliment in the near future. This recovery will be slow and will require a balance of operations on a month to month basis. The entire health system in Ontario is currently experiencing the same type of staffing pressures.

4.2 REPORT OF THE CHIEF OF STAFF

A written report was provided for information. The following highlights were provided:

- Approximately 919 physicians were credentialed cycle out of a possible 961 applicants;
- A number of physicians who assisted Osler with its redeployment efforts were not Osler physicians and continued the process to apply for credentials;
- Efforts are underway to collaborate with the Professional Staff Association in an effort to provide education sessions that will focus on physician governance;
- A leaders forum will be scheduled in the fall to move the agenda in respect to physician wellness;
- Templates to assist in the evolution of young physician leaders are also being developed.

5.0 IN-CAMERA

[REDACTED]

[REDACTED]

[REDACTED]

setting process include:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Q: *What will be done to improve the physician engagement results?*
Visibility regarding decision making is key moving forward; monthly meetings occur with the PSA representatives to provide a greater level of support. A Physician Bill of Rights is also being developed. Continued transparency regarding decisions and discussions will also increase the level of engagement and trust of the physicians.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



6.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED